

CITY OF HUNTSVILLE

INSPECTION DIVISION

P. O. BOX 308

HUNTSVILLE, ALABAMA 35804

256-427-5331

256-427-5346 (FAX)

CONTRACTORS INSURANCE CERTIFICATE

Any person engaged as a contractor shall be covered by a public liability insurance policy to include the coverage known as manufacturers and contractor's liability and products and completed operations, issued by a solvent insurance company, licensed to do business in the State and City, which said policy shall be subject to the following minimum limitations:

- I. For every contractor, the policy shall provide a minimum coverage for all damages arising out of the bodily injury to any one person of two hundred thousand dollars (\$200,000.00) and bodily injury in any one accident with an aggregate amount of two hundred thousand dollars (\$200,000.00). This policy shall provide minimum coverage for all damages to the property of others of two hundred thousand dollars (\$200,000.00) arising out of any one accident with an aggregate amount of two hundred thousand dollars (\$200,000.00). The minimum coverage for one occurrence must be two hundred thousand dollars (\$ 200,000.00). These limits apply to both public liability and completed operations.
- II. Such policy shall include an endorsement acceptable to the City of Huntsville providing for ten (10) days prior written notification to the City of Huntsville Inspection Department of a material change or cancellation of such policy. A certificate of insurance signed by the authorized agent of the company shall be filed with the City of Huntsville Inspection Department and shall remain on file.

- III. Upon failure or refusal to comply with the provisions of this section, the license of such person to engage in business in the city shall ipso facto be revoked.
- IV. (Ord. No. 98-629, A(7-6), 9-10-1998)

Please ask your insurance agent or insurance company to issue a Certificate of Insurance that includes each of the following items:

- 1. Name and address of authorized agent or producer
- 2. Name and address of named insured and D/B/A name
- 3. Name of insurance company writing the policy
- 4. Policy number
- 5. Policy period
- 6. Limits of liability
- 7. Name and address of certificate holder: City of Huntsville, P. O. Box 308, Huntsville, Alabama 35804, Attention: Inspection Department
- 8. Notice of cancellation: 10 days notice of cancellation
- 9. Authorized signature and date
- 10. If the company is required to have state certification, the person who is licensed must appear on the certificate of insurance as the designated qualified representative for the company.